

# URGENT MEMORANDUM

June 30, 2023

TO: Chief Financial Officers

FROM: Cait Cooksey, Deputy Director – Hospital Rate Regulation

RE: Health Care Coverage Assessment – Procedures for Submission and State of Maryland Account Number

The purpose of this memorandum is to provide you with your monthly Health Care Coverage Assessment for FY 2024. These payments are due beginning September 5, 2023. The instructions for submission by both ACH and FedWire, as well as assessment amount by hospital are attached to this memorandum.

Hospitals are required to submit to the Commission verification of the submission of each month’s assessment to the Health Care Coverage Fund, i.e., copies of the transmission from your bank, by the fifteenth of each month.

If you have any questions, you may contact Cait Cooksey at [cait.cooksey@maryland.gov](mailto:cait.cooksey@maryland.gov) or Andrea Strong at [andrea.strong@maryland.gov](mailto:andrea.strong@maryland.gov).

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**METHOD FOR ACH SUBMISSION OF PAYMENTS TO THE HEALTH CARE  
COVERAGE FUND**

In order to be able to remit payments, your hospital must arrange with your bank to set up an Automated Clearing House (ACH) transfer. The State Treasurer's Office requires that the following information be included in the ACH record file as follows:

**Health Care Coverage Fund**

Account Name	State of Maryland – Health Care Coverage
Bank Account Number	4110034832
Account Type	Checking
Bank Name	Wells Fargo Bank, N.A
Bank Address	420 Montgomery Street, San Francisco, Cal. 94101
ABA Routing Number	121000248

**METHOD FOR FEDWIRE SUBMISSION OF PAYMENTS TO THE HEALTH CARE  
COVERAGE FUND**

**Detail Wire Information - Beneficiary Bank Information for all FedWire submissions is:**

**Health Care Coverage Fund**

Account Name	State of Maryland – Health Care Coverage
Bank Account Number	4110034832
Account Type	Checking
Bank Name	Wells Fargo Bank, N.A
Bank Address	420 Montgomery Street, San Francisco, Cal. 94101
ABA Routing Number	121000248
Swift Code	WFBIU65
Chips Code	0407